Approved for use through 12/31/2008. OMB 0651-0035 and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/590,848 Filing Date August 25, 2006 **POWER OF ATTORNEY** First Named Inventor Roberto PELLICCIARI and **CORRESPONDENCE ADDRESS** NOVEL STEROID AGONIST FOR FXR INDICATION FORM Art Unit N/A Not Yet Assigned **Examiner Name** Attorney Docket No. 0113847.00127US1 I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: 24395 Practitioner(s) named below: Registration Registration Name Number Name Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Zip State Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(kg) is enclosed. (Form PTO/SB/98) SIGNATURE of Applicant or Assignee of Record Signature Date Name Mark E. Pruzanski Telephone (202) 663-6000 Title and Company CHIER EXECUTIVE DEFICE ENTELCEPT SHARME WICKE

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted.

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